

MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

LAST AVAILABLE COPY

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	23	↔	↔	↔	↔	↔
TOTAL CLAIMS	25	✓	✓	✓	✓	✓

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		✓	✓	✓	✓	✓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS